

Certificate of Business: Fictitious Firm Name

Please Select One:

- ☐ New Application
☐ Renewal of existing name

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that _____
(Name of individual, corporation, partnership or trust)

with mailing address of _____,
(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) _____
Full Name and title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(2) _____
Full Name and title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(3) _____
Full Name and title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(4) _____
Full Name and title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

Mail to: Diana Alba, County Clerk, Attn. FFN, P.O. Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of \$20.00 with the certificate plus 2 copies and a self-addressed stamped envelope